

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Wellcare Health Plans, Inc. PAC (WellCare PAC)

ADDRESS (number and street) ▼

8735 Henderson Road

☐ Check if different than previously reported. (ACC)

Tampa

FL

33634

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00390575

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Maurice Hebert

Signature of Treasurer

Maurice Hebert

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2016 To: M M / D D / Y Y Y Y Y 03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2016		147436.88
(b) Cash on Hand at Beginning of Reporting Period.....	147436.88	
(c) Total Receipts (from Line 19)	48151.89	48151.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	195588.77	195588.77
7. Total Disbursements (from Line 31)	111750.00	111750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	83838.77	83838.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 01 / 01 / 2016

To:

 M M / D D / Y Y Y Y
 03 / 31 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

16353.44

16353.44

(ii) Unitemized

31798.45

31798.45

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

48151.89

48151.89

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

48151.89

48151.89

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

48151.89

48151.89

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

48151.89

48151.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	92500.00	92500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	19250.00	19250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	111750.00	111750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	111750.00	111750.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	48151.89	48151.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48151.89	48151.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 78
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Harvey D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24815

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Margaret Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23984

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Margaret Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24271

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Margaret Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

03 / 11 / 2016

Transaction ID : SA11AI.24537

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Margaret Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

03 / 25 / 2016

Transaction ID : SA11AI.24784

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Timothy W. Atkinson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

03 / 25 / 2016

Transaction ID : SA11AI.24802

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Angel L. Ballew

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24807

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kenneth A. Burdick

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.23724

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kenneth A. Burdick

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23967

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

423.06

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kenneth A. Burdick

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24254

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kenneth A. Burdick

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24520

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kenneth A. Burdick

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24767

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23975

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24262

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24528

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 78
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John Burke

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24775

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert A. Champagne

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24825

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas Clegg

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24846

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

173.07

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 78
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ann C. Cox

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24854

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Justin R. Cramer

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24824

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Christopher C. Cubero

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24821

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

115.38

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23977

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24264

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24530

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 78

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. David Cure

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24777

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William W. Davies

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : SA11AI.23991

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William W. Davies

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

Transaction ID : SA11AI.24278

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

03 / 11 / 2016

Transaction ID : SA11AI.24544

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

03 / 25 / 2016

Transaction ID : SA11AI.24791

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

03 / 25 / 2016

Transaction ID : SA11AI.24813

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 78

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Francis P. Dempsey

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2016

Transaction ID : SA11AI.24814

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Edmondson

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2016

Transaction ID : SA11AI.24840

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas M. Everett

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2016

Transaction ID : SA11AI.24819

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

115.38

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Traci L. Ferguson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23972

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Traci L. Ferguson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24259

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Traci L. Ferguson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24525

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Traci L. Ferguson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24772

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marjorie P. Forgang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24828

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Vincent L. Frakes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24818

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

173.07

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 78

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Dana French

Mailing Address 8735 Henderson Avenue

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24801

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth A. Gianini

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24832

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Louis Gianquinto, Jr.

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : SA11AI.23973

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

173.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Louis Gianquinto, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24260

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Louis Gianquinto, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24526

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Louis Gianquinto, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24773

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sabrina H. Gibson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24851

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.23725

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23968

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

423.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24255

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24521

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24768

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 78
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lori A. Gordon

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24822

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lori-Don M. Gregory

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.24551

Amount of Each Receipt this Period

46.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lori-Don M. Gregory

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24798

Amount of Each Receipt this Period

46.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 78
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Patricia B. Guay

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24817

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23988

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24275

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24541

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24788

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Colleen Hagan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24841

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jason Hamilton

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.24803

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Craig M. Hansen

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA11AI.23985

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Craig M. Hansen

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : SA11AI.24272

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 78
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Craig M. Hansen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24538

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Craig M. Hansen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24785

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Merrill J. Hausenfluck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24849

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Maurice Hebert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23971

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Maurice Hebert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24258

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Maurice Hebert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24524

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 78
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Maurice Hebert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24771

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Quinn A. Henderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24831

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Troy Hildreth

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24845

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

173.07

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 78
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Robert L. Hilliard

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23981

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert L. Hilliard

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24268

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Robert L. Hilliard

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24534

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 78
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Robert L. Hilliard

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24781

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William Hinsdale

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24848

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura Hungville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23986

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24273

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24539

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24786

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 78
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Goran Jankovic

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24853

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : SA11AI.23994

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

Transaction ID : SA11AI.24281

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24547

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24794

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Walter C. Johnson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24808

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24850

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul Kensicki

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23978

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paul Kensicki

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24265

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Paul Kensicki

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24531

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul Kensicki

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24778

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John J. Kirchner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23979

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John J. Kirchner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24266

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John J. Kirchner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24532

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John J. Kirchner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24779

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 38 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Roman T. Kulich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23980

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Roman T. Kulich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24267

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Roman T. Kulich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24533

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Roman T. Kulich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24780

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23995

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24282

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 78
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24548

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24795

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23993

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24280

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24546

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24793

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

288.45

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Thomas Martin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24855

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carole A. Matyas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23976

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Carole A. Matyas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24263

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Carole A. Matyas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24529

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carole A. Matyas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24776

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ray McComb

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24810

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sharon Nisbet

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

02 / 12 / 2016

Transaction ID : SA11AI.23970

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sharon Nisbet

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

02 / 26 / 2016

Transaction ID : SA11AI.24257

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sharon Nisbet

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

03 / 11 / 2016

Transaction ID : SA11AI.24523

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sharon Nisbet

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24770

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael J. Orlosky

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24826

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Margaret E. Peal

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24835

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

173.07

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 78

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Anthony B. Piagentini

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24837

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sue Podbielski

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24833

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patrick Poland

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : SA11AI.23982

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

173.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Patrick Poland

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24269

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patrick Poland

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24535

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patrick Poland

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24782

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 78

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael R. Polen

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2016

Transaction ID : SA11AI.23726

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael R. Polen

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : SA11AI.23969

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael R. Polen

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

Transaction ID : SA11AI.24256

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

576.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael R. Polen

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.24522

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael R. Polen

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24769

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Christopher Price

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24844

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

423.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marla P. Purvis

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23987

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marla P. Purvis

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24274

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marla P. Purvis

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24540

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 78

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marla P. Purvis

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2016

Transaction ID : SA11AI.24787

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Radu

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2016

Transaction ID : SA11AI.23996

Amount of Each Receipt this Period

76.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Radu

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Transaction ID : SA11AI.24283

Amount of Each Receipt this Period

76.92

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

249.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Radu

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.24549

Amount of Each Receipt this Period

76.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Radu

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11AI.24796

Amount of Each Receipt this Period

76.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joiel Yvette Ray-Alexander

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA11AI.23983

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Joiel Yvette Ray-Alexander

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24270

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joiel Yvette Ray-Alexander

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24536

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joiel Yvette Ray-Alexander

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24783

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 78

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael L. Ridenour

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24816

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laurie M. Rubel

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : SA11AI.23992

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laurie M. Rubel

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

Transaction ID : SA11AI.24279

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lauralie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24545

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lauralie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24792

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Rachael R. Rudd

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24823

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christine Ruediger

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24847

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Abby Dritz Salzer

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24820

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marie E. Samerson

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24836

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 78
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elliott A. Shaw, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24550

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elliott A. Shaw, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24797

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23989

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

196.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 78
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24276

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24542

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24789

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 78
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Randall W. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24838

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carol H. Steckel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24827

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Derek A. Stratman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24812

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Cynthia Thompson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24829

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Blair Todt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA11AI.23723

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Blair Todt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23966

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

423.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Blair Todt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24252

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Blair Todt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24519

Amount of Each Receipt this Period

192.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Blair Todt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24766

Amount of Each Receipt this Period

192.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa VanSteelant

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24852

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ed Wang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24552

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ed Wang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24799

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

121.78

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 78
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Dale Washington

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24834

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William K. Watson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24800

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jessica White

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24811

Amount of Each Receipt this Period

38.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

116.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marketa Wills

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24839

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SA11AI.23990

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24277

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 65 OF 78
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Yan Xiong

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.24543

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Yan Xiong

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.24790

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Carl Yount

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : SA11AI.23974

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

288.45

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 78

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : SA11AI.24261

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.24527

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24774

Amount of Each Receipt this Period

96.15

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 67 OF 78

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Carlene C. Zincke

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.24809

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

38.46

16353.44

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 78

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Brady for Congress

Mailing Address P. O. Box 8277

City	State	Zip Code
The Woodlands	TX	77387

Purpose of Disbursement
contribution

Candidate Name

Kevin Brady

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 08

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2016

Transaction ID : SB23.24238

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement
contribution

Candidate Name

Joseph Crowley

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 14

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2016

Transaction ID : SB23.23718

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement
contribution

Candidate Name

Joseph Crowley

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 14

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2016

Transaction ID : SB23.23719

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 78

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street, S.E.

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2016

Transaction ID : SB23.23717

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, N.E.

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2016

Transaction ID : SB23.24518

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Patrick Murphy

Mailing Address 4521 PGA Blvd., #412

City	State	Zip Code
Palm Beach Gardens	FL	33418

Purpose of Disbursement
contribution

Candidate Name

Patrick Murphy

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 00

Disbursement For:	2016
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Transaction ID : SB23.24250

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

32500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Schumer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2016

Mailing Address 192 Lexington Avenue, #1001

City	State	Zip Code
New York	NY	10016

Purpose of Disbursement
contribution

Candidate Name

Charles Schumer

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 00

Category/
Type**Transaction ID : SB23.24514**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jason Smith for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2016

Mailing Address P. O. Box 1324

City	State	Zip Code
Cape Girardeau	MO	63702

Purpose of Disbursement
contribution

Candidate Name

Jason T. Smith

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MO District: 08

Category/
Type**Transaction ID : SB23.23720**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Medicaid Health Plans of America PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2016

Mailing Address 1150 18th Street, N.W., #1010

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Category/
Type**Transaction ID : SB23.24227**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 78

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Committee

Mailing Address 320 First Street, S.E.

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2016

Transaction ID : SB23.23700

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 Second Street, N.E.

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2016

Transaction ID : SB23.23716

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Republican Party of Kentucky

Mailing Address P. O. Box 1068

City	State	Zip Code
Frankfort	KY	40602

Purpose of Disbursement
contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : SB23.24241

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

35000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 72 OF 78

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Richard Burr Committee, The

Mailing Address P. O. Box 5928

City
Winston-SalemState
NCZip Code
27113Purpose of Disbursement
contribution

Candidate Name

Richard Burr

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2016

Transaction ID : SB23.24515

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

92500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 78

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Marilyn Avila

Mailing Address 11312 Derby Lane

City	State	Zip Code
Raleigh	NC	27613

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2016

Transaction ID : SB29.23709

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Dr. Greg Murphy

Mailing Address P. O. Box 20453

City	State	Zip Code
Greenville	NC	27858

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2016

Transaction ID : SB29.23713

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gary Van Deaver Campaign

Mailing Address 1101 Hwy. 98

City	State	Zip Code
New Boston	TX	75570

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2016

Transaction ID : SB29.24248

Amount of Each Disbursement this Period

500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1250.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 78

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. House Republican Caucus

Mailing Address 105 W. 3rd Street

City	State	Zip Code
Frankfort	KY	40601

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

Transaction ID : SB29.24239

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Frullo Cammpaign

Mailing Address P. O. Box 64010

City	State	Zip Code
Lubbock	TX	79464

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2016

Transaction ID : SB29.24247

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Louis Pate Election Committee

Mailing Address 102 Meredith Street

City	State	Zip Code
Mt. Olive	NC	28365

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2016

Transaction ID : SB29.23706

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4250.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. McGrady Campaign Committee

Mailing Address P. O. Box 723

City	State	Zip Code
Hendersonville	NC	28793

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2016

Transaction ID : SB29.23711

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Phil Berger Committee

Mailing Address P. O. Box 1309

City	State	Zip Code
Eden	NC	27289

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2016

Transaction ID : SB29.23715

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ralph Hise for North Carolina Senate

Mailing Address P. O. Box 86

City	State	Zip Code
Spruce Pine	NC	28777

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2016

Transaction ID : SB29.23705

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Republican Party of Kentucky

Mailing Address P. O. Box 1068

City	State	Zip Code
Frankfort	KY	40602

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2016

Transaction ID : SB29.24242

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sarah Davis for State Representative Campaign

Mailing Address 4203 Tennyson Street

City	State	Zip Code
Houston	TX	77005

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2016

Transaction ID : SB29.24243

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Senator Eddie Williams Campaign Fund

Mailing Address 401 Cobbleston Drive

City	State	Zip Code
Cabot	AR	72023

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2016

Transaction ID : SB29.24234

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Senator Jane English Campaign Fund

Mailing Address 3 Great Oak Court

City	State	Zip Code
North Little Rock	AR	72116

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2016

Transaction ID : SB29.24230

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tommy Tucker for NC Senate

Mailing Address 1206 Rosehill Drive

City	State	Zip Code
Waxhaw	NC	28173

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2016

Transaction ID : SB29.23707

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2000.00

19250.00
